University of Missouri-Columbia
Institutional Review Board

Research on Decedent’s Information

Principal Investigator: ______________________________
Title of Study: ______________________________

I understand that the approval of this request is contingent upon my agreement:

1) Representation that the use or disclosure sought is solely for research on the protected health information of decedents;
Describe: __________________________________________

2) If requested, I will provide documentation of the death of the individual whose PHI I am accessing pursuant to this certification.

3) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.
Describe: __________________________________________

Will you need identifiers of the deceased or their relatives, employers, or household members?

☐ NO-Sign below

OR

☐ YES-See Waiver of Authorization or Limited Data Set

If protected health information will be disclosed on decedent’s relatives, employers or household members, then the research proposal must be submitted to the IRB.

I certify that I will carry out the proposed data collection in compliance with the principles stated above.

Signature of Principal Investigator __________________________ Date __________

HS IRB USE ONLY
Acknowledged Date: __________________________